

12/1/09

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 11.12.09
Amount \$1815.-

Ch#
002661

I. IDENTIFICATION

Name LP Prestonsburg Riverview, LLC d/b/a Riverview Health Care Center

Address 79 Sparrow Lane

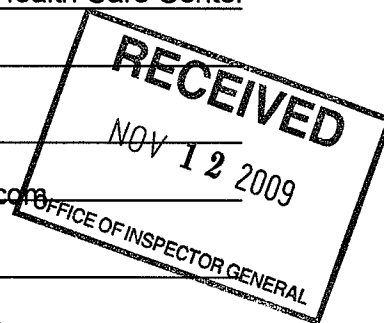
City/County/Zip Prestonsburg/Floyd/41653

Telephone number 606-886-9178 Email: tshirley@shccs.com

Administrator Melissa Allen

Date facility operation began at current address 12/1978

Date facility began operation under current owner 6/1/08



II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>121</u>	<u>121</u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

State

County

City

Private

Profit

Nonprofit

Individual

Partnership

Corporation

LLC

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

N/A

(OVER)

11/30

If facility owned or leased by a corporation, complete the following:

Name of corporation LP Prestonsburg Riverview, LLC

Address of corporation 2979 PGA Blvd, Palm Beach Gardens, FL 33410

President or Chairman N/A

Vice President N/A

Secretary/CEO N/A

Treasurer N/A

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility. N/A

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. N/A

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. N/A

Name and address of parent corporation and/or management company, if applicable.

Parent

LP O Holdings, LLC

2979 PGA Blvd.

Palm Beach Gardens, FL 33410

Management Company

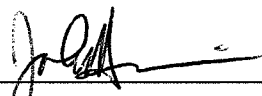
Signature Consulting Services, LLC

Signature Clinical Consulting Services, LLC

2979 PGA Blvd.

Palm Beach Gardens, FL 33410

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.



Signature of authorized representative

CFO

Title

11/6/09

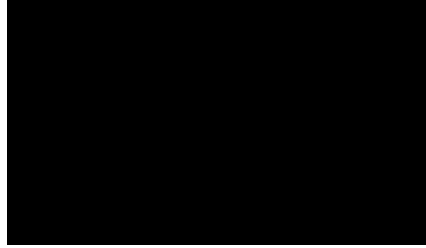
Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

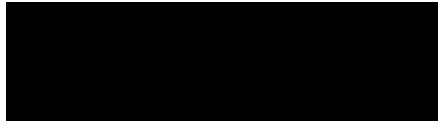
OIG 5
(10/2002)

Disclosure Statement of Ownership and Control for
FIR LANE TERRACE CONVALESCENT CENTER, INC.
Date of Incorporation: October 17, 1979



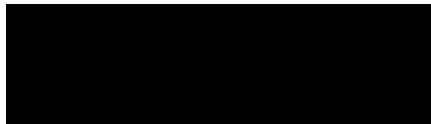
The stock of Fir Lane Terrace Convalescent Center, Inc. is owned:

100% by Extendicare Homes, Inc.



The stock of Extendicare Homes, Inc. is owned:

100% by Extendicare Health Facility Holdings, Inc.



The stock of Extendicare Health Facility Holdings, Inc. is owned:

100% by Extendicare Health Services, Inc.

See the attached page
for the Disclosure Statement of Ownership and Control
for Extendicare Health Services, Inc.